

OFFICE OF THE GOVERNOR
CAPITOL, 300 SW 10TH AVENUE, STE. 212S, TOPEKA, KS 66612-1590
FAX: (785) 291-3204

GRANT PROJECT STATISTICAL REPORT**Due January 10, April 10, July 10, & October 10**

1. Reporting Period From: / / To: / / Grant Project No. _____
Name and Address of Subgrantee Organization _____

Contact Name _____ Telephone Number () _____
Fax Number () _____
Authorized Certifying Official Signature _____

2. Indicate the number of victims served only by the VOCA-funded grant project. Identify the victim by type of victimization and count each victim served once.

Victims Served:

	Men 18 & Over	Women 18 & Over	Children 0-17
Child Physical Abuse	_____	_____	_____
Child Sexual Abuse	_____	_____	_____
DUI/DWI Crashes	_____	_____	_____
Domestic Violence	_____	_____	_____
Adult Sexual Assault	_____	_____	_____
Elder Abuse	_____	_____	_____
Adults Molested as Children	_____	_____	_____
Survivors of Homicide Victims	_____	_____	_____
Robbery	_____	_____	_____
Assault	_____	_____	_____
Aggravated Battery/Criminal Threat	_____	_____	_____
Other (Specify on the back)	_____	_____	_____
Subtotal	_____	_____	_____
Total of Three Columns			=====

3. Demographic Breakdown -Enter the total number of victims served by the VOCA-funded grant project under each of the appropriate age and race categories and break them down by gender.

Age of Victims:

	Female	Male	
0-12	_____	_____	
13-17	_____	_____	
18-25	_____	_____	
26-40	_____	_____	
41-60	_____	_____	
61+	_____	_____	
Total	_____	_____	= _____

(Should equal Total in Number 2)

3. (continued)

Race of Victims:

	Men		Women		Children	
Alaskan Native	_____		_____		_____	
Asian	_____		_____		_____	
African American	_____		_____		_____	
Caucasian	_____		_____		_____	
Hispanic/Latino	_____		_____		_____	
Native American	_____		_____		_____	
Pacific Islander	_____		_____		_____	
Other	_____		_____		_____	
Total	_____	+	_____	+	_____	= _____ (Should equal Total in Number 2)

4. Indicate the number of victims who received the following VOCA-funded services. A victim may be counted in more than one category, but not more than once in any given category.

	Men 18 & over	Women 18 & over	Children 0-17
Crisis Counseling	_____	_____	_____
Follow-Up	_____	_____	_____
Therapy	_____	_____	_____
Group Treatment/Support	_____	_____	_____
Shelter/Safehouse	_____	_____	_____
Information/Referral (In Person)	_____	_____	_____
Criminal Justice Support/Advocacy	_____	_____	_____
Emergency Financial Assistance	_____	_____	_____
Emergency Legal Advocacy	_____	_____	_____
Assistance in Filing Compensation Claims	_____	_____	_____
Personal Advocacy	_____	_____	_____
Telephone Contact Information/Referral	_____	_____	_____
Other (Specify on the back)	_____	_____	_____
Subtotal	_____	_____	_____
Total of Three Columns			=====

5. Indicate how the above VOCA-funded services were provided to the victims.

	Face-to-Face	Mail	Telephone
Crisis Counseling	_____	_____	_____
Follow-Up	_____	_____	_____
Therapy	_____	_____	_____
Group Treatment/Support	_____	_____	_____
Shelter/Safehouse	_____	_____	_____
Information/Referral (In Person)	_____	_____	_____
Criminal Justice Support/Advocacy	_____	_____	_____
Emergency Financial Assistance	_____	_____	_____
Emergency Legal Advocacy	_____	_____	_____
Assistance in Filing Compensation Claims	_____	_____	_____
Personal Advocacy	_____	_____	_____
Telephone Contact Information/Referral	_____	_____	_____
Other (Specify on the back)	_____	_____	_____
Subtotal	_____	_____	_____
Total of Three Columns			=====
			(Should equal Total in Number 4)

FOR OFFICE OF THE GOVERNOR'S GRANTS PROGRAM USE

DATE